

REQUEST FOR COUNSELING UNDER EEO/EDR PLAN

Submitted Under the Procedures of the District of Nebraska Equal Employment Opportunity and Employment Dispute Resolution Plan ("District of Nebraska EEO/DER Plan")

Prior to completing this form, please refer to the District of Nebraska EEO/EDR Plan. Please complete this form legibly.

1. Full Name of Person Requesting Counseling _____
2. Mailing Address _____

3. Home Phone (____) _____ Work Phone (____) _____
4. If you are a court employee, state the following:
Court Unit in which employed _____
Job Title _____
5. Name and address of the office from which you seek resolution of your dispute.

6. Date(s) of alleged incident of decision giving rise to this dispute: _____
7. Please summarize the actions or occurrences giving rise to this dispute .

8. Are you willing to waive confidentiality in order to permit the counselor to contact the employing office or to attempt a resolution of the disputed matter? **G** yes **G** no
9. What corrective action do you seek in this matter?

This request for counseling is submitted by:

Signature

Date

Name of Counselor to whom submitted: _____

Counselor's Signature _____ Date of Receipt: _____